Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless 8 displays a yalid OMB control number. U.S. Potent and Trademark Office; U.S. DEPARTMENT OF COMMERCE PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 Effective December 8, 2004 184 878 APPLICATION AS FILED - PART I (Column 1) OTHER THAN (Column 2) SMALL ENTITY OR SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA BASIC FEE RATE (\$) FEE (I) RATE (\$) (37 CFR 1 16(0) (0) 0 (6)) NVA FEE (\$) N/A N/A 150.00 SEARCHFEE ŇΑ 300.00 (37 CFR 1 16(N. (1). or (m)) N/A NA \$250 EXAMINATION FEE NIA \$500 (37 CFR 1 16(0). (p). or (q)) N/A N/A \$100 TOTAL CLAIMS NA \$200 (37.CFR 1 16(1)) minus 20 . X\$ 25 INDEPENDENT CLAIMS X\$50 OR (37 CFR 1 16(N)) minus 3 X100 X200 If the specification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each (37 CFR 1 16(4)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR | 16(1)) +180= +360= * If the difference in column 1 is less then zero, enter "0" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3) OTHER THAN OR SMALL ENTITY CLAIMS HIGHEST SMALL ENTITY REMAINING NUMBER PRESENT 106 AFTER RATE (\$) PREVIOUSLY ADDI-ENDMENT **EXTRA** RATE(\$) MENDMENT ADOI-PAID FOR TIONAL Total TIONAL FEE (\$) Minus FEE (\$) 0 X\$ 25 hdependent ... pr cfr t. iony X\$50 Minus OR X100 X200 00 Application Size Fee (37 CFR 1.16(s)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16@) +180= +360= OR TOTAL TOTAL ADD'L FEE OR ADO'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING 8 NUMBER **PRESENT** AFTER. AMENDMENT RATE (\$) ENDMENT ADDI-PREVIOUSLY EXTRA RATE (\$) ADOI-TIONAL PAID FOR TIONAL Total CITCER LIAGO FEE (\$) Minus FEE (\$) X\$ 25 Independent . X\$50 Minus OR X100 Application Size Fee (37 CFR 1.16(s)) X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16@) +180= +360= OR TOTAL ' TOTAL. OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". ADD'L FEE ADD'L FEE The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1